

Licensing Compliance Technical Assistance Services Request Form Part 1

Date _____

_____ of _____
OCC Licensing Staff (Print Name) OCC Licensing Office

located at _____
Address of OCC Office

is formally requesting that licensing compliance technical assistance services be provided
by: _____ of the Maryland Child Care Resource Network
CCR&R

(MCCRN) under the State Coordinating Entity, Maryland Committee for Children
(MCC) to the following child care program/provider:

_____ Name of Program/Provider	_____ Address	
_____ City	_____ State	_____ Zip code

Program/Provider Contact Information:

_____ Name of Contact	_____ Telephone Number
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Email address _____

OCC Contact Information:

_____ (Requesting OCC Staff's Signature)	_____ Telephone Number
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Email address _____

*Forms to be filled out by OCC Licensing Specialist with copies sent to local Resource
Center and the Technical Assistance Coordinator at Maryland Committee for Children
(FAX number 410-752-6286; mailing address 608 Water St. Baltimore, MD 21202).
Please include copies of OCC Compliance Agreement.*

Licensing/Compliance Technical Assistance Services Request Form Part 2

Site Name:	
Site Address:	
Site Phone:	
Site Email:	Referral Date:
Contact Person:	Title:
Licensing Specialist:	Phone:
Compliance Agreement Date:	
Compliance Agreement Time Line (if applicable)	

Reason for Referral: (Check all that apply)

Supervision/Child Development/Staff Requirements

<input type="checkbox"/> Assigned Capacity	<input type="checkbox"/> Substitutes
<input type="checkbox"/> Indoor Space	<input type="checkbox"/> Support Personnel
<input type="checkbox"/> Supervision	<input type="checkbox"/> Group Size & Staffing
<input type="checkbox"/> Staffing	<input type="checkbox"/> MSDE Group Size & Staffing
<input type="checkbox"/> Suitability for Employment	<input type="checkbox"/> Variations in Group Size
<input type="checkbox"/> Director Requirements	<input type="checkbox"/> Daily Activities
<input type="checkbox"/> Senior Staff Requirements	<input type="checkbox"/> Transportation
<input type="checkbox"/> Group Leader Requirements	<input type="checkbox"/> Outdoor Play
<input type="checkbox"/> Assistant Group Leader	<input type="checkbox"/> Materials & Equipment
<input type="checkbox"/> Aides	<input type="checkbox"/> Furnishings & Storage
Explain non-compliance issue:	
Technical Assistance Specialist comments:	

Environmental Issues

<input type="checkbox"/> Building Requirements	<input type="checkbox"/> General Cleanliness
<input type="checkbox"/> Sanitary Facilities	<input type="checkbox"/> Disposal of Refuse
<input type="checkbox"/> Lighting	<input type="checkbox"/> Potentially Hazardous Items
<input type="checkbox"/> Telephone	
Explain non-compliance issue:	
Technical Assistance Specialist comments:	

Health & Safety

Emergency Forms	Staff Health
Emergency Safety Requirements	Administering Medication
Water Safety Requirements	Smoking
Admission to Care	Alcohol & Drugs
Exclusion for Acute Illness	Preventing the Spread of Disease
Infectious & Communicable Disease	Child Protection
First Aid/CPR	
Explain non-compliance issue:	
Technical Assistance Specialist comments:	

Nutrition & Food Service

Food Service	Food Storage & Preparation
Modified Diet	Food Preparation Area & Equipment
Food Sources	
Explain non-compliance issue:	
Technical Assistance Specialist comments:	

Record Keeping

License Conspicuously Posted	Enrollment & Attendance
Change of Operation	Administrative Responsibilities
Explain non-compliance issue:	
Technical Assistance Specialist comments:	

Please attach relevant compliance agreements and relevant completed inspection forms.

For Technical Assistance Specialist Use Only

When Technical Assistance Services are complete, please indicate by signing and dating below. Please return this signed form to the Licensing Specialist with comments describing the technical assistance services provided.

Signature of Technical Assistance Specialist

Date

Licensing/Compliance Technical Assistance Services Request Form Part 3

I, _____ of _____,
Child Care Provider Child Care Program
located at _____

Address of Child Care Provider

consent to receiving technical assistance services offered through the
_____ (CCR&R) of the Maryland Child Care Resource
Network (MCCRN) under the State Coordinating Entity, Maryland Committee for
Children (MCC). I understand that the above named Child Care Resource and Referral
Center (CCR&R) and Maryland Committee for Children (MCC) are not the Office of
Child Care (OCC) and therefore makes no regulatory decisions. I understand that the
technical assistance staff at the CCR&R's will assist me with the development of a plan
of action to help me meet and adhere to regulations. I acknowledge that the technical
assistance staff members are not licensing agents and that they cannot guarantee that the
technical assistance given by them will ensure that I meet the Code of Maryland
Regulations (COMAR) or will enable me to gain/regain compliance with OCC.
Although technical assistance is meant to offer long term resolutions, mandates in
COMAR are frequently revisited and amendments are sometimes made. For this reason,
I understand that the technical assistance given cannot guarantee that a plan of action
successfully implemented will keep me in compliance with COMAR.

I understand that in order to receive services, the OCC must attach, to the Licensing
Compliance Technical Assistance Services Request Form, a copy of my Compliance
Agreement and pertinent inspection reports. I agree that the technical assistance staff at
the CCR&R, MCCRN, and/or MCC may take photographs of _____
in order to document progress and to use for training purposes.

I acknowledge that MCC, CCR&R and/or MCCRN do not owe me any duty of care in
connection with the provision of technical assistance. In consideration for my
participation in [OCC's Compliance Program], I hereby agree to release and indemnify
MCC, CCR&R and/or MCCRN, their technical staff, officers, employees and agents,
from and against any and all liability, actions, debts, claims and demands of every kind
whatsoever, specifically including any claim for negligent actions or omissions and any
present or further claim, loss, liability for injury to person or property that I may incur. I
understand that this Release binds my heirs, executors, administrators, legal
representatives and assigns, as well as me.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND
ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A
CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

(Releaser's Name – Print)

(Date)

(Releaser's Signature)

(Date)

